

<div style="display: flex; justify-content: space-between;"> <div> <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b>  <small>(FOR USE WITH FORM PTO-875)</small> </div> <div style="text-align: right;"> <b>10/17/96</b>  <small>APPLICANT(S)</small> </div> <div> <small>FILING DATE</small> </div> </div>						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			3			
TOTAL DEP.			27			
TOTAL CLAIMS			30			